Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 14494/PTO

Commended.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Of

Sheet

1

Complete if Known			
Application Number	10/645,157		
iling Date	August 21, 2003		
irst Named Inventor	Denis KHOO		
Art Unit	2623		
xaminer Name	A. HUERTA		
Attomey Docket Number	6000-009-52		

II & DATENT DOCUMENTS

-

1

Examiner nitials*	Cite No.1	Document Number Number-Kind Code ^{2 (France)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US -2004/0019908	1/1/2004	Williams et al.	
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			
		US -			

EODEIGN DATENT DOCUMENTS

Examiner Cite Foreign I		Foreign Patent Document	gn Patent Document Publication Date		Pages, Columns, Lines, Where Relevant Passages	
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)		Applicant of Cited Document	or Relevant Figures Appear	T [©]
						<u> </u>
	-					
						-
					 	
xaminer ignature			1	Date Considered		_

EXAMINET: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant. I Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTP Patient Documents at www.updp.pdt MPEP 901.04. 3 Either Office that issued met document; by the whether code (MPEP 901.04. 3 Either Office that issued met document, by the whether code (MPEP 901.04. 3 Either Office that issued met the serial number of the patient document. Skind of document by the appropriate symbols as indicated on the document under WIPO Standard ST3.4 if it possible. Applicant is to place whether making the processing symbols as indicated on the document under WIPO Standard ST3.1 if it possible. Applicant is to place when making the processing symbols as indicated on the document under WIPO Standard ST3.1 if it possible. Applicant is to place when making the processing symbols are sufficiently applicable to the document under the processing symbols as indicated on the document under WIPO Standard ST3.1 if it possible. Applicant is to place the making the processing symbols are sufficiently applicable to the processing symbols as indicated on the document under the processing symbols and the processing symbols are sufficiently applied to the sufficient symbols are sufficiently

This collection of information is required by 37 CFR 197 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is appeared by 35 U.S. C. 122-and 37 CFR 1.11. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application from the USPTO 1.11. This collection is estimated to take 2 hours to any comments on the amount of the upon require to complete dargetization from the USPTO 1.11. The upon the uniformatic continuation of the USPTO 1.11. The upon the upon

Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			ото	Complete if Known		
			OSLIDE	Application Number	10/645,157	
				Filing Date	August 21, 2003	
			LICANT	First Named Inventor	Denis KHOO	
				Art Unit	2623	
			ssary)	Examiner Name	A. HUERTA	
Sheet	2	of	2	Attorney Docket Number	6000-009-52	

NON PATENT LITERATURE DOCUMENTS						
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.				
		Office Action issued in related Application No. 10/659,080, dated May 29, 2008.				
Examiner Signature	-	Date Considered				

[•]EXAMINER. Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Applicants unque cutation designation number (optional). 2 Applicant is not place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is gowered by 38 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to face 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete in form and/or supplessions for reducing this burden, should be sent to the Chief Information Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DON'S END FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DON'S END FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: